

ADM : PER : Adil Shafi : Personal Medical

**Subject:** ADM : PER : Adil Shafi : Personal Medical  
**From:** Adil Shafi <adil.shafi@shafiinc.com>  
**Date:** Thu, 30 Oct 2008 11:28:35 -0400  
**To:** Heather Greenlay <HGreenlay@braintech.com>  
**CC:** Rick Weidinger <rweidinger@braintech.com>, Barbara Shafi <barsshafi@aol.com>, Adil Shafi <ashafi@braintech.com>

Heather,

Attached is a medical bill that is not covered by our personal insurance.

As you know in August 12 Debt Schedule we had \$8,616 allocated for Blue Cross Blue Shield (Row 51).

Our family personal insurance premiums are well below this total planned and the agreed plan was to use this as a budget for medical bills that would not be covered by personal insurance coverage.

Also our personal insurance premium is due to be paid by Nov 1 or 2.

Your attention to this matter would be greatly appreciated.

Regards, Adil

Adil_Family_Medical_Oct_2008.pdf	Content-Type: application/pdf Content-Encoding: base64
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From  
BARBARA  
SHAFI

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Adil - Please scan  
& send bill to  
Heather. This is for  
Surah's allergy blood  
test that is not  
covered by insurance.

Thanks. B  
P.S. I forgot to give you the 1<sup>st</sup>  
notice, this is the 2<sup>nd</sup>



St. Joseph Mercy Hospital  
Saint Joseph Mercy Livingston Hospital  
Saint Joseph Mercy Saline Hospital  
P.O. Box 993 \* Ann Arbor, MI 48106-0993

Remarkable Medicine. Remarkable Care.

Page 1 of 2

### Important Message

Your account is over 30 days past due. Payment in full is expected immediately. If this amount was paid, please disregard this message.

**Payment Options-** Pay your account by check or credit card over the phone by calling Customer Service or online (credit cards only) at SJMERCYHEALTH.ORG.

**Payment Arrangements-** We offer limited payment plans. If you cannot pay in full within 30 days, please call us. Making partial payments without contacting us may result in further collection activities.

\*CO-B-J-M-D\*  
1V00557

### Account Summary

Patient Name	[REDACTED]
Statement Date	10/26/08
Service Date	08/22/08
Type Of Service	Outpatient
Service Location	Reichert Health Center
Account Number	[REDACTED]
Total Charges	\$ 493.00
Total Payments/Adjustments	\$ 0.00
Current Account Balance	\$ 493.00
Amount Pending Insurance	\$ 0.00
Amount You Owe	\$ 493.00

### Insurance Information

We have billed the following insurances:

Insurance 1 BLUE CROSS MICHIGAN

### Questions

**Need help with your bill?** - We have Customer Service personnel to answer questions. We understand that healthcare expenses are sometimes unexpected. Financial Counselors can assist with payment plans, help you qualify for public assistance programs and our own McAuley Support. Call (734) 712-3700 or (800) 676-0437 for more information.

#### Billing questions or changes in insurance coverage?

Please call Customer Service, Monday through Friday 8:00am to 6:30pm:

Local: (734) 712-3700  
Toll Free: (800) 676-0437  
Telecommunications Device for the Deaf  
TDD (734) 827-9336

Please Note: Your physician may bill separately for their professional services.

TRINITYST1-1



St. Joseph Mercy Hospital  
REMARKABLE MEDICINE.  
REMARKABLE CARE.

Please make check payable to St. Joseph Mercy Hospital and send with this payment stub to:

SAINT JOSEPH MERCY HEALTH SYSTEM  
P.O. BOX 371906  
PITTSBURGH, PA 15250-7906



Statement Date: 10/26/08

Patient Name

SARAH GINA SHAFI

Account Number

[REDACTED]

Amount Due

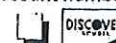
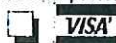
\$ 493.00

Amount Enclosed

\$

☐ Check here if your address or insurance information has changed. Please indicate changes on the back of this page.

To pay by credit card: For your convenience, you may pay by Visa, MasterCard, Discover, or American Express. Please indicate your credit card preference, provide the account number, and sign below.



Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ 48114

Signature X \_\_\_\_\_

CCM0314269508235102620080000493006





Patient Name: [REDACTED]  
 Account Number: 031 [REDACTED]  
 Attending Physician: LEO, HARVEY

### Patient Services Provided

### For Your Information

[REDACTED] \$ 493.00  
**Total Charges** \$ 493.00

### Account Activity

DESCRIPTION	AMOUNT
Patient Payments	\$ 0.00
Patient Adjustments	\$ 0.00
Insurance Payments/Adjustments	\$ 0.00

**Patients: You can now  
pay your bills online**

**Searching for Hope...  
CyberKnife**

Learn more at [www.sjmercyhealth.org](http://www.sjmercyhealth.org)

### PLEASE COMPLETE IF YOUR ADDRESS OR INSURANCE HAS CHANGED

#### Address Change

RESPONSIBLE PARTY NAME

HOME TELEPHONE

WORK TELEPHONE

ADDRESS

CITY

STATE

ZIP

#### Insurance Update

POLICYHOLDER NAME

INSURANCE COMPANY NAME

GROUP POLICY PLAN NUMBER

POLICYHOLDER IDENTIFICATION NUMBER

CLAIM MAILING ADDRESS

POLICYHOLDER'S DATE OF BIRTH

CITY

STATE

ZIP

POLICYHOLDER'S RELATIONSHIP TO PATIENT

INSURANCE PHONE NUMBER

POLICYHOLDER'S EMPLOYER NAME

DATES OF COVERAGE

EFFECTIVE FROM:

EFFECTIVE TO: